Michigan Department of Community Health
Instructions – CHAMPS Business-to-Business
Testing ASC X12N 837 v5010 Claim Transactions
Using ICD-10 Codes

Introduction

The Michigan Department of Community Health currently requires electronic submission of Health Care 837 Claim transactions using the ASC X12N 837 - Version 5010 format for electronic claims transactions.

The following 837 v5010 format versions apply to Health Care claim transactions and will be used for State of Michigan 837 v5010 claims testing for ICD-10 codes:

- 837 Claims - Professional version: **005010X222A1**
- 837 Claims - Institutional version: **005010X223A2**
- 837 Claims - Dental version: **005010X224A2**

Resources

You will need to reference the ASC X12N 837I, 837D and 837P v5010 Technical Reports Type 3 (TR3, formerly known as the Implementation Guides) to create v5010 837 claim transactions. MDCH does not provide the TR3 documents, which are available for purchase from Washington Publishing Company, at: http://www.wpc-edi.com/.

Other supporting reference material related to the MDCH claim submission process is found at the website: www.michigan.gov/tradingpartners .This MDCH webpage contains important process information and should be reviewed prior to submitting electronic claim transactions. Some of the information found on the webpage includes:

- MDCH Companion Guides – These documents provide essential details regarding MDCH data requirements for each transaction format (837P, 837I, 837D). These companion guides provide data clarification which is specific to the State of Michigan and the MDCH claim submission process. The Companion Guides must be used in conjunction with the corresponding ANSI X12N Technical Reports, located at: www.michigan.gov/tradingpartners >> HIPAA – Companion Guides.

- The MDCH Electronic Submission Manual – This reference manual provides information on access and use of the Data Exchange Gateway (DEG) for exchange of electronic files with MDCH, located at: www.michigan.gov/tradingpartners >> HIPAA – Companion Guides >> Electronic Submissions Manual.

- ICD-10 Frequently Asked Questions – This document provides information on Michigan's ICD-10 implementation, located at: www.michigan.gov/tradingpartners >> HIPAA ICD-10 Implementation >> Awareness & Training >> MDCH ICD-10 Frequently Asked Questions.

- HIPAA 5010 and ICD-10 Preparedness – Presentations on plans for these mandated changes are located at: www.michigan.gov/tradingpartners >> HIPAA ICD-10 Implementation >> Awareness & Training >> *(under the "Webcasts" heading)*.

CHAMPS Business to Business (B2B) Claims Testing

Overview

MDCH requests that you test in the same manner you currently submit claims. The CHAMPS B2B test environment has the same functionality as the current CHAMPS production environment, with the additional use of ICD-10 codes for claims submitted with a date of service on or after **June 1st, 2014** (the B2B Test system's fictitious ICD-10 compliance date). The data in the CHAMPS B2B Test environment includes claims transaction history from **January 1st, 2013 through June 6th, 2014**.

MDCH provides two test environments for validation of 837 v5010 ICD-10 claims transactions submitted by Trading Partners. **Stage 1 - Ramp Manager** Testing is available to Trading Partners for the purpose of verifying HIPAA syntax before proceeding to **Stage 2 - CHAMPS B2B** Testing, but is not required. Partners must complete ICD-10 testing prior to September 30, 2015 to insure electronic data exchange within the Michigan Medicaid business community will operate successfully. The following provides additional information regarding the two test environments.

Stage 1 – Ramp Manager Testing Process

Stage 1 - Ramp Manager Testing uses the EDIFECS Ramp Manager automated testing website to confirm the syntax and format of transactions to be submitted for testing in the CHAMPS B2B Test System. **Ramp Manager Testing** is available for all Trading Partners but is only required for new electronic submitters. This tool provides an easy-to-use environment to test 837 v5010 ICD-10 claims for HIPAA syntax and format compliance. Ramp Manager does not verify data such as NPI or beneficiary ID, which will be verified during Stage 2 - CHAMPS B2B Testing. It is recommended you use valid information in Stage 1 test files, in anticipation of Stage 2 testing, which will verify such information.
- Before you can begin Ramp Manager testing, you must first receive an email invitation which will provide you a Username, a Password and a link to the Ramp Manager website. If you have not received an invitation email to join the Ramp Manager Test Community please contact the MDCH B2B Test Team at: MDCH-B2B-Testing@michigan.gov to obtain a Username and Password.
- Once you have received your Ramp Manager Username and Password, please logon using your assigned Username and Password; read the Reference Materials, open your assigned Test Programs, and perform the listed tasks to test your claims files.
- Record your task-by-task progress within Ramp Manager.
- Prepare test files containing at least 25, but less than 50, unique claims that demonstrate the ability to pass validation tests with no validation rejections reported by Ramp Manager. This will confirm successful inclusion of mandatory data fields and balancing requirements
- Continue testing with Ramp Manager, using a wide variety of claims, until you verify that your system generates HIPAA-compliant ICD-10 837 v5010 claims.

Stage 2 – CHAMPS ICD-10 B2B Testing Process

Stage 2 – CHAMPS ICD-10 B2B Testing is performed after completion of Stage 1 – Ramp Manager Testing, and consists of submitting test files to MDCH for processing through the CHAMPS B2B Test System. CHAMPS B2B testing confirms the ability of your system to interact with the MDCH CHAMPS electronic submission process and validates the processing of your 837 claims transaction files. Trading

837 Claims

Partners are asked to submit up to a maximum of 50 individual claims per test, using a representative sample of the types of claims submitted on a regular basis. MDCH will accept both ICD-9 and ICD-10 codes however they must be submitted in two separate files. Send files containing active Medicaid beneficiaries: do not enter "fake" Medicaid ID numbers.

Note: Stage 2 - CHAMPS B2B Testing requires:

a) The submitter is an approved MDCH electronic submitter;
b) Trading Partners who submit 837 transactions on behalf of other providers, must verify those providers have associated you in CHAMPS (using the *Associate Billing Agent* edit function); and
c) Test transactions are submitted electronically via the MDCH Data Exchange Gateway (DEG). Refer to the *Resources* section of this document for information regarding electronic submissions.

Follow these steps to perform Stage 2 - CHAMPS B2B Testing:

1. Create a test file of 837 claims using your billing system and EDI software. The test claim file(s) must adhere to the following:

   - Each test file must: contain between 25 and 50 claims; conform to the specifications in the Companion Guide and TR3; and reference actual, valid beneficiary identifiers (Medicaid ID numbers, Client Identification Numbers (CIN), or unique plan-assigned identification numbers).

     Note: If you would like to submit a test file with more than 50 claims please contact us at MDCH-B2B-Testing@michigan.gov

   - The Interchange Envelope (ISA segment) must specify **"D00111"** (left-justified, followed by spaces, to fill the required 15-character length) in the ISA08 data element.

   - The Interchange Envelope (ISA segment) must specify **"T"** in the ISA15 data element.

   - The Envelope (ISA segment) may contain one or more Functional Groups. Per X12 guidelines each Functional Group will specify the type of claim transactions it contains (Professional, Institutional, or Dental), and cannot contain different transaction types (e.g. both 837P (Professional) and 837I (Institutional)).

   - The Functional Group (GS segment) must specify **"D00111"** in the GS03 data element.

   - The Functional Group (GS segment) must contain one of the following in the GS08 data element:

     (1) **005010X222A1** for Professional claims; or

     (2) **005010X223A2** for Institutional claims; or

     (3) **005010X224A2** for Dental claims

   - The Stage 2 - CHAMPS B2B Testing environment is only loaded with a copy of production CHAMPS paid claims with dates-of-service between January 1st, 2013 and June 6th, 2014. Submit test files for beneficiaries who were Medicaid-eligible as of the service date you are using in the test claim. **In order to test an ICD-10 claim you will need to use a service date of June 1st 2014 or later.** Save the file on your PC, or on a shared network location.

2. Log onto the State of Michigan Data Exchange Gateway (DEG) and submit your 837 v5010 test file using the connection information in the MDCH Electronic Submissions Manual.

   - MDCH electronic submitters can submit their CHAMPS B2B 837 claims test transaction file(s) via the DEG using one of the following:

     o File Transfer Protocol (FTP) using the PUT command:

       PUT {your drive\directory\filename} **5475T**@DCHEDI

     -OR-

     o MDCH Internet Connection (DEG web portal) url: https://dxgweb.state.mi.us/cgi-bin/messageway/mwi.cgi
       After logging in; 1) click on the Upload link; 2) enter **"DCHEDI"** as the Mailbox; 3) enter **"5475T"** as the Application ID; 4) select the applicable transfer mode (usually, 'Text'); 5) browse to select the CHAMPS B2B claims test file; and 6) click on the Upload button to submit the selected file.

   For either submission technique above use an Application ID of **"5475T"** for 837 Test claims in the v5010 format. The MDCH Electronic Submissions Manual provides additional information regarding the file submission process (refer to the *Resources* section of this document).

   - You must then send a Claims B2B test notification email to notify MDCH you have submitted a test file:
     o Please use a subject line of **"ZZZZ Claim Test for DCH00XX"** where "ZZZZ" = transaction type (e.g., 837P) and "DCH00XX," is your MDCH-assigned electronic submitter ID ("DEG ID").
     o Please include a contact name, telephone number, the name of the test file, and the type of test 837 v5010 claim file submitted (837P, 837I or 837D).
     o The claims B2B test notification email must be sent to the following:

       MDCH-B2B-Testing@michigan.gov .

3. Your test file will be received and validated by MDCH:
   - A TA1 Interchange Acknowledgement will be posted to your DEG mailbox if the submitted file had a value of **"1"** in the ISA14 data element of the Interchange Envelope. Please check your DEG mailbox for this acknowledgement.

   - If the test claims are rejected at validation a 999 Functional Acknowledgement transaction will be posted to your DEG mailbox; please look in your DEG mailbox for this acknowledgement. Review and consult the HIPAA TR3 and/or Michigan's Companion Guide specifications to identify needed corrections.

   - If the file is successfully validated a 999 Functional Acknowledgement transaction will be posted to your DEG mailbox; and the test file will be loaded into the MDCH CHAMPS B2B Test system.

   - Please note: the generation of the 999 Functional Acknowledgement transaction should occur within hours of your test file submission, assuming there are no severe structural issues with the 837 file. If significant errors occur during your Stage 2 testing, your Stage 1 Ramp Manager test history will be reviewed: if incomplete you will be asked to complete Stage 1 Ramp Manager Testing before further Stage 2 CHAMPS B2B Testing proceeds.

4. After you have submitted your test file, retrieve and interpret your TA1 and 999 Acknowledgement.

5. When your test file has been successfully translated the claims will be adjudicated in the MDCH CHAMPS ICD-10 B2B Test system. Once your test claims have been adjudicated, retrieve and review the **5474T** Claim Adjudication Report, and **5473T** Error Report. If you have any questions please send an email to MDCH-B2B-Testing@michigan.gov.

6. After you have reviewed the **5474T** Claim Adjudication and **5473T** Error Reports and you are satisfied with the results, the last step is to send an email to MDCH-B2B-Testing@michigan.gov to let us know you are ready to submit ICD-10 codes in production claims starting October 1st, 2015. (Note: the 5474T Claim Adjudication and 5473T Error reports are only available during ICD-10 B2B testing, and are not regular production CHAMPS reports.)

Completion of Testing for ICD-10 HIPAA 837 v5010 Claims Transactions

Following successful conclusion of your Stage 2 - CHAMPS B2B Testing, logon to Ramp Manager, access the Test Program, and complete the appropriate Task. MDCH will review your test history and notify you if further testing is needed.

When you have successfully completed testing using ICD-10 codes, please coordinate with your internal teams to insure future **production** claims submitted for dates of service on or after **October 1, 2015** are coded using **ICD-10** codes. Remind them that in order to submit 837 transactions on behalf of other providers, those providers must be *associated* with you in the production CHAMPS system (using the CHAMPS *Associate Billing Agent* edit function).

Production claims with dates of service *prior* to October 1, 2015 must continue to use ICD-9 codes.

> **Note for future reference:** Production claim files must use a DEG File Application ID of **"5475"** and a **"P"** in the ISA15 data element of the Interchange Envelope.

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If you have any questions, please send an email to:
MDCH-B2B-Testing@michigan.gov

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